

REQUESTOR:	FOIA REQUEST NUMBER:
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On _____, the Office of the State Employer (OSE) received your request for public records dated _____. The following action has been taken, consistent with Michigan's Freedom of Information Act (FOIA).

A. ☐ Request Granted:

☐ Records are enclosed at no charge due to limited production costs.

☐ Requested records are available online at []. If you would prefer hard copies, notify the FOIA coordinator at the address below and a revised cost estimate reflecting additional costs will be provided.

☐ Records will be provided after receiving payment of [\$ ____]. An itemized accounting of the basis for the production costs appears below. Send a check payable to the **"State of Michigan"** to:
FOIA Coordinator, Office of the State Employer, P.O. Box 30026, Lansing, Michigan 48909

B. ☐ Request Denied:

☐ To the best of the OSE's knowledge, information, and belief, the records you requested do not exist within the OSE under the description in your request or by another name reasonably known to the OSE.

☐ Your request does not describe a public record sufficiently to enable the OSE to find the public record.

☐ The records requested are exempt from public disclosure under §13(1)() of the FOIA. [insert explanation.]

C. ☐ Request Granted in Part and Denied in Part:

☐ Non-exempt records are enclosed at no charge due to limited production costs.

☐ Non-exempt records will be provided after receiving payment of [\$ ____]. An itemized accounting of the basis for the production costs appears below. See § A for payment instructions.

☐ Requested records are available online at []. If you would prefer hard copies, notify the FOIA coordinator at the address above and a revised cost estimate reflecting additional costs will be provided.

☐ A deposit is required. For non-exempt records, the estimated cost to process your request is [\$ ____]. A good-faith deposit of [\$ ____] is required. You will be notified of the balance due after the request is processed. Upon payment of the deposit, the OSE's good-faith estimate of the production period for the documents is around [____]. Non-exempt records will be provided upon receiving the balance. See § A for payment instructions. You will also be notified of any statutory basis for exempting any records and applicable statutory remedial rights.

☐ Portions of records you are requesting are exempt from public disclosure under §13(1)() of the FOIA. [____].

☐ As to the rest of your request, to the best of the OSE's knowledge, information, and belief, the records requested do not exist within the OSE under the description in your request or by another name reasonably known to the OSE.

☐ As to the rest of your request, it does not describe a public record sufficiently to allow the OSE to find the public record.

D. ☐ Extension: An additional 10-business-day extension to respond is taken under §5(2)(d) of the FOIA because [____]. The extended response date is [____].

<input type="checkbox"/> Estimated				<input type="checkbox"/> Actual Production Cost (for requests requiring over \$20 in associated production costs):			
Search:	\$	x	hrs =	\$	Total production cost:	\$	
Redaction:	\$	x	hrs =	\$	Statutory discount:	\$	
Duplication:	\$	x	hrs =	\$	Deposit required:	\$	
Paper cost:		pages x \$0.10=		\$	Balance due:	\$	
Media cost:				\$			
Mailing cost:				\$			

ADDITIONAL INFORMATION:

A summary of the OSE's FOIA Procedures and Guidelines is available at www.mi.gov/ose. As to any request's denial, partial denial, or charged fee, §10(1) of the FOIA allows you to do either of the following:

(a) Appeal the decision in writing to the state personnel director at the address in § A above. The writing must specifically state the word "appeal" and must identify why the denial or fee should be modified. The director, or a designee, must respond within 10 business days of receipt. Under unusual circumstances, the response time may be extended 10 business days.

(b) Commence a civil action in the court of claims within 180 days after the date of the final determination to deny the request. If you prevail in such an action, the court may award reasonable attorneys' fees, costs, disbursements, and damages.

I certify that any records provided in response to this request are true and accurate copies.

Signature: _____ /s/, FOIA Coordinator **Date:** _____